I wasn't Sure how to fill out the paperwork

I Am a new Canadiote
its my first time running
for office. I've asked
everyone at the Ilinois
Board of elections for
their guide book for a
2622 elections but notady
Could assist me please
Serch back and any and
all corrections reeded

The items I left Blank are what I didn't understand Plenz send BACK all needed adjustment

## NONHIOR MOTOMITOMINENNE

### FEC FORM 2 STATEMENT OF CANDIDACY

### RECEIVED FEC MAIL CENTER

2021 AUG 26 AM 11: ng

	1051 NOO 50 HILLI 109						
1. (a) Name of Candidate (in full)  IESHA Licole WALKE							
(b) Address (number and street) Check if address changed	2. FEC Candidate Identification Number						
C(c) City, State, and ZIP Code Chicate II, 66624	3. Is This New Amended Statement (N) OR (A)						
4. Party Affiliation 5. Office Sought 6. State & Distr	ict of Candidate						
Democratic State Representative Illinois - 7th							
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7. I hereby designate the following named political committee as my Principal Campaign Committee for the							
NOTE: This designation should be filed with the appropriate office listed in the instructions (year of election)							
(a) Name of Committee (in full)							
IESHA Nicole WAIKE							
(b) Address (number and street)	•						
(c) City, State, and ZIP Code							
Chicago I. LOCZY							
DESIGNATION OF OTHER AUTHORIZED (Including Joint Fundraising Representative)							
<ol><li>I hereby authorize the following named committee, which is NOT my principal campaign con candidacy.</li></ol>	nmittee, to receive and expend funds on behalf of my-						
NOTE: This designation should be filed with the principal campaign committee							
(a) Name of Committee (in full)							
Good People Solutions UC							
(b) Address (number and street)							
(c) City, State, and ZIP Code							
(c) City, State, and ZIP Code  Chirate II. LOUZY							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Signature of Candidate	Date						
Ish h	08-10-2021						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109							
1							

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

	1		1	
Page		of	$\perp$	

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

(a) Name of Committee (in full)				
(b) Address (number and street)				
c) City, State, and ZIP Code				
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of m candidacy. NOTE: This designation should be filed with the principal campaign committee.				
(a) Name of Committee (in full)				
(b) Address (number and street)				
(c) City, State, and ZIP Code				
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of n				
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candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of n candidacy. NOTE: This designation should be filed with the principal campaign committee.				

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1050 First Street NE

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Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
	Next Business Day Delivery				
Received from House Records & Registration Office  Date of Receipt					
Received from Senate Public Records Off	Date of Receipt fice				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Other (Specify):				
PREPARER	8/30/21 DATE PREPARED				
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